

PAPERWORK REDUCTION ACT SUBMISSION

Please read the instructions before completing this form. For additional forms or assistance in completing this form, contact your agency's Paperwork Clearance Officer. Send two copies of this form, the collection instrument to be reviewed, the Supporting Statement and any additional documentation

to: **Office of Information and Regulatory Affairs, Office of Management and Budget, Docket Library, Room 10102, 725 17th Street NW Washington, DC 20503.**

1. Agency/Subagency originating request EPA/Office of Air Quality Planning and Standards		2. OMB control number b. x None a. _____ - _____ __2__0__6__0__	
3. Type of information collection (<i>check one</i>) a. <input checked="" type="checkbox"/> New collection b. G Revision of a currently approved collection c. G Extension of a currently approved collection d. G Reinstatement, without change , of a previously approved collection for which approval has expired e. G Reinstatement, with change , of a previously approved collection for which approval has expired f. G Existing collection in use without an OMB control number <i>For b-f, note item A2 of Supporting Statement Instructions</i>		4. Type of review requested (<i>check one</i>) a. <input checked="" type="checkbox"/> Regular b. G Emergency - Approval requested by: ____/____/____ c. G Delegated 5. Small entities Will this information collection have a significant economic impact on a substantial number of small entities? G Yes <input checked="" type="checkbox"/> No	
		6. Requested expiration date a. <input checked="" type="checkbox"/> Three years from approval date b. G Other Specify: ____/____/____	
7. Title National Emission Standards for Hazardous Air Pollutants (NESHAP) for Leather Finishing Operations			
8. Agency form number(s) (<i>If applicable</i>) ICR No. 1985.02			
9. Keywords leather finishing, leather, NESHAP, recordkeeping, reporting			
10. Abstract Initially, all owners and operators of leather finishing operations will develop and implement a plan for demonstrating compliance that explains the methods used to inventory the finishes, HAP content of finishes, and production levels from each leather product process operation necessary to comply with these NESHAP. Following these procedures, the owner or operator of an affected source will record the quantity of finish used, HAP content of the finish, and quantity of leather produced in each leather product process operation each month in order to calculate a compliance ratio. The compliance ratio for each month will be reported to the Administrator in an annual compliance status certification report. Each affected source will also submit notifications and reports for certain actions as required by the NESHAP.			
11. Affected public (<i>Mark primary with "P" and all others that apply with "X"</i>) a. <u> </u> Individuals or households d. <u> </u> Farms b. <u>P</u> Business or other for-profit e. <u>X</u> Federal Government c. <u> </u> Not-for-profit institutions f. <u>X</u> State, Local or Tribal Government		12. Obligation to respond (<i>Mark primary with "P" and all others that apply with "X"</i>) a. G Voluntary b. G Required to obtain or retain benefits c. <u>P</u> Mandatory	
13. Annual reporting and recordkeeping hour burden a. Number of respondents 12 b. Total annual responses 12 Percentage of these responses collected electronically <u> </u> 0% c. Total hours requested 485 d. Current OMB inventory 0 e. Difference 485 f. Explanation of difference 1. Program Change 0 2. Adjustment _____		14. Annual reporting and recordkeeping cost burden (<i>in thousands of dollars</i>) a. Total annualized capital/startup costs \$ 0 b. Total annual costs (O&M) \$ 0 c. Total annualized cost requested \$ 0 d. Current OMB inventory \$ 0 e. Difference \$ 0 f. Explanation of difference 1. Program change \$ 0 2. Adjustment \$ 0	

<p>15. Purpose of information collection (<i>Mark Primary With "P" and all others that apply with "X"</i>)</p> <p>a. <input type="checkbox"/> Application for benefits e. <input type="checkbox"/> Program planning or management</p> <p>b. <input type="checkbox"/> Program evaluation f. <input type="checkbox"/> Research</p> <p>c. <input type="checkbox"/> General purpose statistics g. <input checked="" type="checkbox"/> Regulatory or compliance</p> <p>d. <input type="checkbox"/> Audit</p>	<p>16. Frequency of recordkeeping or reporting (<i>check all that apply</i>)</p> <p>a. <input checked="" type="checkbox"/> Recordkeeping b. <input checked="" type="checkbox"/> Third party disclosure</p> <p>c. <input checked="" type="checkbox"/> Reporting</p> <p>1. <input checked="" type="checkbox"/> On occasion 2. <input checked="" type="checkbox"/> Weekly 3. <input type="checkbox"/> Monthly</p> <p>4. <input checked="" type="checkbox"/> Quarterly 5. <input checked="" type="checkbox"/> Semi-annually 6. <input checked="" type="checkbox"/> Annually</p> <p>7. <input checked="" type="checkbox"/> Biannually 8. <input checked="" type="checkbox"/> Other (describe) _____</p>
<p>17. Statistical methods</p> <p>Does this information collection employ statistical methods?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>18. Agency contact (<i>person who can best answer questions regarding the content of this submission</i>)</p> <p>Name: <u>William Schrock</u></p> <p>Phone: <u>(919) 541-5032</u></p>

19. Certification for Paperwork Reduction Act Submissions

On behalf of this Federal agency, I certify that the collection of information encompassed by this request complies with 5 CFR 1320.9.

NOTE: The text of 5 CFR 1320.9, and the related provisions of 5 CFR 1320.8(b)(3), appear at the end of the instructions. *The certification is to be made with reference to those regulatory provisions as set forth in the instructions.*

The following is a summary of the topics, regarding the proposed collection of information, that the certification covers:

- (a) It is necessary for the proper performance of agency functions;
- (b) It avoids unnecessary duplication;
- (c) It reduces burden on small entities;
- (d) It uses plain, coherent, and unambiguous terminology that is understandable to respondents;
- (e) Its implementation will be consistent and compatible with current reporting and recordkeeping practices;
- (f) It indicates the retention periods for recordkeeping requirements;
- (g) It informs respondents of the information called for under 5 CFR 1320.8(b)(3):
 - (i) Why the information is being collected'
 - (ii) Use of information;
 - (iii) Burden estimate;
 - (iv) Nature of response (voluntary, required for a benefit, or mandatory);
 - (v) Nature and extent of confidentiality; and
 - (vi) Need to display currently valid OMB control number;
- (h) It was developed by an office that has planned and allocated resources for the efficient and effective management and use of the information to be collected (see note in Item 19 of the instructions);
- (i) It uses effective and efficient statistical survey methodology; and
- (j) It makes appropriate use of information technology.

If you are unable to certify compliance with any of these provisions, identify the item below and explain the reason in Item 18 of the Supporting Statement.

Signature of Program Official

Date

Signature of Senior Official or designee

**Oscar Morales, Director
Collection Strategies Division
Office of Environmental Information**

Date